PART B - FEE(S) TRANSMITTAL

09/03/2009

33469

7590

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
PAL Do. 150;
Alexandra, Viginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmissing the ISSUE FEE and PUBLICATION FEE (if required), Blocks I through 5 should be completed where indicated unless corrected responsible on the public properties of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or format drawing, must have its own certificate of mailing or transmission.

1221 NICOLLE SUITE 800	, SEAGER & TUI ET AVENUE S, MN 55403-2420	FTE, LLC	l h Str ad tra	Certification of the certifica	cate of Mailing or Trans Fee(s) Transmittal is bein sufficient postage for fir top ISSUE FEE address (571) 273-2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
	-,			Rachel Gagliardia		(Depositor's name)
			<u>_</u>	K Congh	~ 20	(Signature)
			L	lovember 25, 2009		(Deto)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A.	TORNEY DOCKET NO.	CONFIRMATION NO
10/726,329 12/01/2003			Erik E. Emstad	···	1292.1228101	3659
APPLN, TYPE	SMALL ENTITY		7			
		ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/03/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
SWIGER III, JAMES L 3775 606-086000						
 Change of corresponde CFR 1.363). 	moe address or indicatio	n of "Fee Address" (37	2. For printing on the p		CROMPT	ON SEACED &
	ondence address (or Cha 3/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" ind	v (22) auacnea. ication (or "Fee Address	* Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorney or agents. If no name is 3			
PTO/SB/47; Rev 03-0 Number is required.	cation (or "Fee Address" 2 or more recent) attach	ed. Use of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty			
PLEASE NOTE: Unli recordation as set forth	ess an assignee is identi	fied below, no assignee	data will appear on the p	stent. If an assignee is	s identified below, the do	cument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patient. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a subsidiate for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE; (CITY and STATE OR COUNTRY)						
ZIMMER SPINE, Inc. Minneapolis, MN						
lease check the appropri	ate assignee category or	categories (will not be pri	inted on the patent) :	Individual Corpor	ration or other private grou	up entity Government
a. The following fee(s) a	re submitted:	46				
Issue Fee			Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.			
Publication Fee (No	small entity discount p		☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any			
			overpayment, to Depor	iit Account Number 50	e required fee(s), any defi -0413 (enclose an	ciency, or credit any extra copy of this form).
	us (from status indicated SMALI, ENTITY statu		П			
OTE: The Issue Fee and	Publication Fee (if requestords of the United State	ired) will not be accepted	h. Applicant is no long from anyone other than the Office.	er claiming SMALL E e applicant; a registere	d attorney or agent; or the	assignee or other party in
Authorized Signature		Navas	4	Date Novembe		
Typed or printed name	NANCY J. PARS	ons'		Registration No. 4	0.364	
his collection of informa n application. Confidenti abmitting the completed is form and/or suggestion ox 1450, Alexandria, Vi dexandria, Virginia 2231	tion is required by 37 Cl ality is governed by 35 application form to the ns for reducing this bun rginia 22313-1450. DO 3-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR I USPTO. Time will vary of den, should be sent to the NOT SEND FEES OR C	n is required to obtain or n .14. This collection is esti depending upon the indivi Chief Information Office OMPLETED FORMS TO	tain a benefit by the purmated to take 12 minut dual case. Any comme , U.S. Patent and Trad THIS ADDRESS, SE	ablic which is to file (and tes to complete, including ants on the amount of time emark Office, U.S. Depar ND TO: Cammissioner for	by the USPTO to process) gathering, preparing, and e you require to complete treent of Commerce, P.O. or Patents, P.O. Box 1450,
nder the Paperwork Red	action Act of 1995, no p	ersons are required to resp	ound to a collection of info	rmation unless it disple	ys a valid OMB control p	umber.
TOL-85 (Rev. 08/07) A;	proved for use through	08/31/2010.	OMB 0651-0033 U.	S. Patent and Tradema	rk Office; U.S. DEPARTN	MENT OF COMMERCE